

Full names must be given as shown on your passport.

Please write in BLOCK CAPITALS & return with deposit payment to your Group Organiser

TITLE	FIRST NAME	MIDDLE	SURNAME	DATE OF BIRTH	TWIN/DOUBLE/SINGLE
					Who are you sharing with?
HOUSE NO	ADDRESS			TOWN	POSTCODE
TEL NO	MOBILE NO	EMAIL (If you would like to hear from us directly about this tour, or future tours)			
NATIONALITY	PASSPORT NUMBER	ISSUING COUNTRY	Passport Issue Date DD/MM/YYYY	Passport Expiry Date DD/MM/YYYY	
EMERGENCY CONTACT NAME	ADDRESS			POSTCODE	TEL: DAY/EVENING
INSURANCE COMPANY:		INSURANCE COMPANY EMERGENCY PHONE NO.	POLICY NO.		

IMPORTANT NOTE - If you do not hold a British Passport, please ensure that you have the correct visa requirements for your chosen destination.

Tour deposit(s) <input type="text"/>	£ <input type="text"/>
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Please Note: our booking conditions require you to have travel insurance at the time of travel, Please make sure you provide the name of your provider, emergency phone, and policy numbers above.

DEPOSIT PAYMENTS CAN BE MADE BY CARD OR CHEQUE.

CARD PAYMENT

Select Type of Card Credit: Debit: Card No:

Expires Issue No (Debit Cards Only) Name (as it appears on card) _____

CHEQUE PAYMENT Please make cheques payable to: European Connoisseurs Travel

PLEASE ENSURE YOU SIGN AND DATE THE BOOKING FORM BELOW.

I understand that the deposits are non-refundable and I agree to the terms set out in the booking conditions for individual bookings which can be viewed at www.ecttravel.com

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS BOOKING FORM TO YOUR GROUP ORGANISER **Katherine Kear**